

INSTRUCTIONS FOR FILING A CONTEMPT PETITION WARREN and FOREST COUNTIES

1. Complete caption on Page 1, Notice and Order to Appear, by entering names of Plaintiff and Defendant and Docket Number as they appear on the Custody Order.
2. On Page 2, list your name as Petitioner, date your Custody Petition was signed as a Court Order and the Judge who signed it. Also, list the name(s) of the child (children) listed in the Petition.
3. Under No. 4 on Page 3, describe specifically how the other party has failed to abide by the terms of the Order, including dates and times. If necessary, attach a separate page describing the incidents in more detail.
4. Sign the Motion in the two spaces where the word "Petitioner" appears on Page 3.
5. Attach a copy of your prior Custody Order.
6. Deliver the completed Petition to the Court Administrator's Office for review by the Judge and provide a telephone number where you may be reached. If the Judge grants a hearing on the Petition, a hearing date will be filled in on Page 1. The Court Administrator's Office will contact you.
7. Obtain the original Petition from the Court Administrator and make three additional copies of the Order of Court and the Petition. Take all four copies to the Prothonotary's Office where they will be time stamped and the original Motion will be filed.
8. You must serve the other party with one time-stamped copy of the Petition by Certified Mail, Restricted Delivery. A second copy should be sent by regular mail. Bring the green return card with you to court as proof of service.
9. Attend the hearing on the date listed with any witnesses who will testify in support of your case.

IN THE COURT OF COMMON PLEAS
OF THE 37TH JUDICIAL DISTRICT OF PENNSYLVANIA
_____ COUNTY BRANCH
CIVIL

PLAINTIFF

VS.

DEFENDANT

IN CUSTODY

NO. _____ OF _____

NOTICE AND ORDER TO APPEAR

Legal proceedings have been brought against you alleging you have willfully disobeyed an Order of Court for custody.

If you wish to defend against the claim set forth in the following pages, you may but are not required to file in writing with the Court your defenses or objections.

Whether or not you file in writing with the Court your defenses or objections, you must appear in person in Court on _____ at _____ . M., in the _____ Courtroom, Warren County Courthouse, Warren, PA.

IF YOU DO NOT APPEAR IN PERSON, THE COURT MAY ISSUE A WARRANT FOR YOUR ARREST.

If the Court finds that you have willfully failed to comply with its order, you may be found to be in contempt of court and committed to jail, fined or both.

YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER OR CANNOT AFFORD ONE, GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW TO FIND OUT WHERE YOU CAN GET HELP.

Pennsylvania Bar Association
100 South Street
Harrisburg, PA 17108
(800) 692-7375

or

Northwestern Legal Services
Warr-Penn Building
Warren, PA 16365
(800) 665-6957
(814) 452-6957

AMERICANS WITH DISABILITIES ACT OF 1990

If you are disabled and require special accommodations, please notify the office 72 hours in advance of the date of your hearing/business by calling (814) 728-3530

BY THE COURT,

J.

IN THE COURT OF COMMON PLEAS
OF THE 37TH JUDICIAL DISTRICT OF PENNSYLVANIA
_____ COUNTY BRANCH
CIVIL

PLAINTIFF

VS.

DEFENDANT

IN CUSTODY

NO. _____ OF _____

**PETITION FOR CIVIL CONTEMPT
FOR DISOBEDIENCE OF CUSTODY ORDER**

The Petition of _____, respectfully represents:
(Petitioner's name)

1. That on _____, Judge _____
(date of most recent custody Order) (name of Judge that signed Order)
entered an Order awarding _____ (check all that apply)
(name of Petitioner / Respondent)

shared legal custody *sole legal custody* *partial physical custody* *primary physical custody*
 shared physical custody *sole physical custody* *supervised physical custody*
of the minor child(ren):

Name	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

A true and correct copy of the Order is attached to this Motion.

2. The Plaintiff, _____ currently resides at
(Plaintiff's name)

(Street) (City) (State) (Zip Code) (Telephone)

3. The Defendant, _____ currently resides at
(Defendant's name)

(Street) (City) (State) (Zip Code) (Telephone)

IN THE COURT OF COMMON PLEAS
OF THE 37TH JUDICIAL DISTRICT OF PENNSYLVANIA

_____ COUNTY BRANCH
CIVIL

Plaintiff

No. _____ of _____

v.

In Custody

Defendant

CRIMINAL RECORD / ABUSE HISTORY VERIFICATION

I, _____, hereby swear or affirm, subject to penalties of law including 18 Pa.C.S. § 4904 relating to unsown falsification to authorities:

1. Unless indicated by my checking the box next to a crime below, neither I nor any other member of my household have been convicted or pled guilty or pled no contest or was adjudicated delinquent where the record is publicly available pursuant to the Juvenile Act, 42 Pa.C.S. § 6307 to any of the following crimes in Pennsylvania or a substantially equivalent crime in any other jurisdiction, including pending charges:

Check Yes or No		Crime	Self	Other household member	Date(s) of conviction, guilty plea, no contest plea or pending charges	Sentence
Yes	No					
<input type="checkbox"/>	<input type="checkbox"/>	Criminal Homicide	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Aggravated Assault	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Terroristic Threats	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Stalking	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Kidnapping	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Unlawful Restraint	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	False Imprisonment	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Luring a child into a motor vehicle or structure	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Rape	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Statutory Sexual Assault	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Involuntary Deviate Sexual Intercourse	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Sexual Assault	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Aggravated Indecent Assault	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Indecent Assault	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Indecent Exposure	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Sexual Intercourse with Animal	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Conduct Relating to Sex Offenders	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Arson and related offenses	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Incest	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Concealing Death of Child	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Endangering Welfare of Children	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Dealing in Infant Children	<input type="checkbox"/>	<input type="checkbox"/>		

<input type="checkbox"/>	<input type="checkbox"/>	Prostitution and related offenses	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Obscene and other sexual materials and performances	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Corruption of Minors	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Sexual Abuse of Children	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Unlawful Contact with Minor	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Sexual Exploitation of Children	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Contempt for violation of protection order or agreement	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Driving Under the Influence of Drugs or Alcohol	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	Manufacture, sale, delivery, holding, offering for sale or possession of any controlled substance or other drug or device	<input type="checkbox"/>	<input type="checkbox"/>		

2. Unless indicated by my checking the box next to an item below, neither I nor any other member of my household have a history of violent or abusive conduct, or involvement with a Children and Youth agency, including the following:

Yes	No		Self	Other household member	Date
<input type="checkbox"/>	<input type="checkbox"/>	A finding of abuse by a Children and Youth Agency or similar agency in Pennsylvania or similar statute in another jurisdiction	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Abusive conduct as defined under the Protection from Abuse Act in Pennsylvania or similar in another jurisdiction	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Involvement with a Children and Youth Agency or similar agency in Pennsylvania or another jurisdiction. Where?:	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	

3. Please list any evaluation, counseling or other treatment received following conviction or finding of abuse:

4. If any conviction above applies to a household member, not a party, state that person's name, date of birth and relationship to the child. _____

5. If you are aware that the other party or members of the other party's household has or have a criminal/abuse history, please explain: _____

I verify that the information above is true and correct to the best of my knowledge, information or belief. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 relating to unworn falsification to authorities.

Signature

Date

Printed Name

**CONFIDENTIAL
INFORMATION
FORM**



Case Records Public Access Policy of the Unified Judicial System of Pennsylvania:
204 Pa. Code § 213.81
www.pacourts.us/public-records

(Party name as displayed in case caption)

Docket/Case No.

vs.

(Party name as displayed in case caption)

Court

This form is associated with the pleading titled _____, dated _____.

Pursuant to the *Case Records Public Access Policy to the Unified Judicial System of Pennsylvania*, the Confidential Information Form shall accompany a filing where confidential information is **required by law, ordered by the court, or otherwise necessary to effect the disposition of a matter**. This form, and any additional pages, shall remain confidential, except that it shall be available to the parties, counsel of record, the court, and the custodian. This form, and any additional pages, must be served on all unrepresented parties and counsel of record.

This Information Pertains to:	Confidential Information:	References in Filing:
<p>_____ (full name of adult)</p> <p>OR</p> <p>This information pertains to a minor with the initials of _____ and the full name of _____ (full name of minor)</p> <p>and date of birth: _____</p>	<p>Social Security Number (SSN): _____</p> <p>Financial Account Number (FAN): _____</p> <p>Driver's License Number (DLN): _____</p> <p>State of Issuance: _____</p> <p>State Identification Number (SID): _____</p>	<p>Alternative Reference: SSN 1</p> <p>Alternative Reference: FAN 1</p> <p>Alternative Reference: DLN 1</p> <p>Alternative Reference: SID 1</p>
<p>_____ (full name of adult)</p> <p>OR</p> <p>This information pertains to a minor with the initials of _____ and the full name of _____ (full name of minor)</p> <p>and date of birth: _____</p>	<p>Social Security Number (SSN): _____</p> <p>Financial Account Number (FAN): _____</p> <p>Driver's License Number (DLN): _____</p> <p>State of Issuance: _____</p> <p>State Identification Number (SID): _____</p>	<p>Alternative Reference: SSN 2</p> <p>Alternative Reference: FAN 2</p> <p>Alternative Reference: DLN 2</p> <p>Alternative Reference: SID 2</p>

**CONFIDENTIAL
INFORMATION
FORM**



Additional page (if necessary)

This Information Pertains to:	Confidential Information:	References in Filing:
<p>_____</p> <p>(full name of adult)</p> <p>OR</p>	<p>Social Security Number (SSN):</p> <p>_____</p> <p>Financial Account Number (FAN):</p> <p>_____</p>	<p>Alternative Reference: SSN 3</p> <p>Alternative Reference: FAN 3</p>
<p>This information pertains to a minor with the initials of _____ and the full name of _____</p> <p>_____</p> <p>(full name of minor)</p> <p>and date of birth: _____</p>	<p>Driver's License Number (DLN):</p> <p>_____</p> <p>State of Issuance:</p> <p>_____</p> <p>State Identification Number (SID):</p> <p>_____</p>	<p>Alternative Reference: DLN 3</p> <p>Alternative Reference: SID 3</p>
<p>_____</p> <p>(full name of adult)</p> <p>OR</p>	<p>Social Security Number (SSN):</p> <p>_____</p> <p>Financial Account Number (FAN):</p> <p>_____</p>	<p>Alternative Reference: SSN 4</p> <p>Alternative Reference: FAN 4</p>
<p>This information pertains to a minor with the initials of _____ and the full name of _____</p> <p>_____</p> <p>(full name of minor)</p> <p>and date of birth: _____</p>	<p>Driver's License Number (DLN):</p> <p>_____</p> <p>State of Issuance:</p> <p>_____</p> <p>State Identification Number (SID):</p> <p>_____</p>	<p>Alternative Reference: DLN 4</p> <p>Alternative Reference: SID 4</p>
<p>_____</p> <p>(full name of adult)</p> <p>OR</p>	<p>Social Security Number (SSN):</p> <p>_____</p> <p>Financial Account Number (FAN):</p> <p>_____</p>	<p>Alternative Reference: SSN 4</p> <p>Alternative Reference: FAN 4</p>
<p>This information pertains to a minor with the initials of _____ and the full name of _____</p> <p>_____</p> <p>(full name of minor)</p> <p>and date of birth: _____</p>	<p>Driver's License Number (DLN):</p> <p>_____</p> <p>State of Issuance:</p> <p>_____</p> <p>State Identification Number (SID):</p> <p>_____</p>	<p>Alternative Reference: DLN 4</p> <p>Alternative Reference: SID 4</p>

**CONFIDENTIAL
INFORMATION
FORM**



Additional page(s) attached. _____ total pages are attached to this filing.

I certify that this filing complies with the provisions of the *Case Records Public Access Policy of the United Judicial System of Pennsylvania* that require confidential information and documents differently than non-confidential information and documents.

Signature of Unrepresented Party or Attorney

Date

Name: _____

Attorney Number: (if applicable) _____

Address: _____

Telephone: _____

Email: _____

***Note:* Parties and attorney of record in a case will have access to this Confidential Information Form. Confidentiality of this information must be maintained.**